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CONFIRMATION NO. 6116

<b>SERIAL NUMBER</b> 10/010,912	<b>FILING OR 371(c) DATE</b> 12/06/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> SYN-039D		
<b>APPLICANTS</b> Juergen A. Kortenbach, Miami Springs, FL; Robert Sixto JR., Miami, FL;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/891,775 06/25/2001 PAT 6,716,226						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/08/2002</b>						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 36822						
<b>TITLE</b> SURGICAL DEVICE HAVING A HANDLE ADAPTED TO IMPART TENSILE AND COMPRESSIVE FORCES TO ELEMENTS AT A DISTAL END OF THE DEVICE						
<b>FILING FEE RECEIVED</b> 988	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		